

HOUSE JOINT RESOLUTION 916
By Cooper B

A RESOLUTION to direct a study by certain state agencies which examines the effectiveness of disease management and wellness programs currently in use within the State.

WHEREAS, this General Assembly is dedicated to ensuring that the fine citizens of Tennessee are given every opportunity to lead a healthy existence, and that every effort is made to provide the State's employees with the finest fitness, wellness, and disease management programs; and

WHEREAS, the National Center for Disease Control's Center for Chronic Disease Prevention and Health Promotion reports that chronic diseases, including cardiovascular disease, stroke, cancer, and diabetes, are among the most prevalent, costly, and preventable of all health problems, and that seven of every ten Americans who die each year succumb to a chronic disease; and

WHEREAS, in 1998, the death rate for Tennesseans from diseases of the heart was 303.2 per 100,000 people, and 1994 data exposes the fact that people living in the southern United States are 29% more likely to develop coronary artery disease than people living in the western United States; and

WHEREAS, in 1994, stroke was found to be 51% more prevalent in the southern United States than in the northeastern part of the country; and

WHEREAS, the National Center for Chronic Disease Prevention and Health Promotion has also revealed that: more than 90 million Americans live with chronic illnesses; chronic diseases account for 70% or all deaths in the United States; the medical care costs of people with chronic diseases account for more than 75% of the nation's \$1.4 trillion in medical costs; chronic diseases account for one-third (1/3) of the years of potential life lost before age 65; hospitalizations for pregnancy-related complications occurring before delivery account for more

than \$1 billion annually; the direct and indirect costs of diabetes are nearly \$132 billion a year; each year, arthritis results in estimated medical care costs of more than \$22 billion, and estimated total costs (including medical care and lost productivity) of almost \$82 billion; the estimated direct and indirect costs associated with smoking exceed \$75 billion annually; in 2001, approximately \$300 billion was spent on all cardiovascular diseases and over \$129 billion in lost productivity was due to cardiovascular disease; the direct medical costs associated with physical inactivity was nearly \$76.6 billion in 2000; and that nearly \$68 billion is spent on dental services each year; and

WHEREAS, the Center outlines some of the burdens of chronic disease on minority racial populations and women, and states that: African-American women are more likely to die of breast cancer than are women of any other racial or ethnic group, and the incidence of cervical cancer, which is a completely preventable cancer, is more than five times greater among Vietnamese women in the United States than among Caucasian women; more than half of the persons who die each year from heart disease are women; heart disease is the leading cause of death for all racial and ethnic groups in the United States, and in 1998, the death rate from cardiovascular disease was about 30% higher among African-American adults than among Caucasian adults; diabetes affects more women than men; the prevalence of diabetes is 70% higher among African-Americans and nearly 100% higher among Hispanics than among Caucasians, and the prevalence of diabetes among American Indians and Alaska natives is more than twice that of the total population and the Pimas of Arizona have the highest known prevalence of diabetes in the world; African-American, Native American, and Puerto Rican infants have higher death rates than Caucasian infants, and in 1998, the death rate among African-American infants was 2.3 times greater than that among Caucasian infants; African-American women are four times more likely to die of pregnancy-related complications than are Caucasian women, and Native American and Alaskan Native women are nearly twice as likely to die than Caucasian women; and the life expectancy is higher for women than for men, but women older than 70 years of age are more likely to be disabled; and

WHEREAS, certain behaviors put people at high risk for premature death, disability, or chronic diseases. These behaviors include: smoking and other forms of tobacco use, eating

high-fat, low-fiber foods, the lack of physical activity, abuse of alcohol and drugs, failing to follow proven medical methods for preventing disease, or for the early diagnosis of disease; and

WHEREAS, in a news release on September 18, 2003, Secretary of Health and Human Services Thompson said, "To successfully achieve better health, we need to reach Americans in the places they live, work, and go to school..."; and

WHEREAS, a significant portion of the expenditures for health care in the United States can be attributed to the diagnosis and treatment of chronic diseases and conditions such as diabetes, obesity, cardiovascular disease, and asthma; and

WHEREAS, a much smaller sum is spent on the prevention of these conditions; there is evidence that much of the morbidity and mortality associated with these chronic diseases may be preventable; and

WHEREAS, programs are increasingly designed to promote healthy behaviors and employers are discovering that obesity, the lack of physical activity, and tobacco use are adversely affecting the health and productivity of their employees, and as an extension, are hurting the bottom line; and

WHEREAS, this General Assembly feels that it is the duty of the State to empower all TennCare recipients to take responsibility for their health and to educate them on the process of navigating the sick care system for their benefit; and

WHEREAS, the financial viability of TennCare is directly proportional to the incidence of preventable chronic disease, and this State should implement community- and faith-based, culturally sensitive, and integrated health promotion disease prevention programs; now, therefore,

BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE ONE HUNDRED THIRD GENERAL ASSEMBLY OF THE STATE OF TENNESSEE, THE SENATE CONCURRING, that we request that the Department of Finance and Administration, in consultation and cooperation with the Departments of Health and Personnel, implement a study of the effectiveness of this State's disease management and wellness programs, determining the fiscal and health impact of these programs.

BE IT FURTHER RESOLVED, that the Department of Finance and Administration should, at the proper time, present its findings to the Governor and the General Assembly of this State, so that their implications may be applied to the TennCare program and to general public health policy in this state.

BE IT FURTHER RESOLVED, that an appropriate copy of this resolution be prepared for the commissioners of the three departments.